

COPY OF PAPERS
ORIGINALLY FILED

#5

Please type a plus sign (+) inside this box

PTO/SB/01 (3-97) +

Approved for use through 9130/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after
Initial Filing

Attorney Docket Number	5000.142
First Named Inventor	Tuttle
COMPLETE IF KNOWN	
Application Number	10/045,766
Filing Date	01/15/2002
Group Art Unit	2811
Examiner Name	

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PATTERN FOR IMPROVED VISUAL INSPECTION OF SEMICONDUCTOR DEVICES

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 01/15/2002 as United States Application Number or PCT International

Application Number 10/045,766 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 11 9(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO /SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.

T

10045766-070402

Please type a plus sign (+) inside this box ~ ☐

PTO/SB/01 (3-97) +

Approved for use through 9130198, OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 21176
OR
☐ Registered practitioner(s) name/registration number listed below

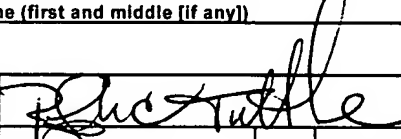
Name	Registration Number	Name	Registration Number
Philip Summa	31,573	Stanley B. Baker	35,058
Richard L. Additon	43,460	Albert P. Allan	40,485
Jesse B. Ashe, III	44,513		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number 21176 OR ☐ Correspondence address below

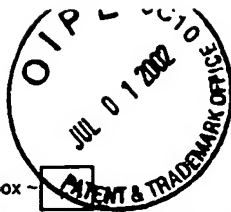
Name	SUMMA & ALLAN, P.A.				
Address	11610 North Community House Road				
Address	Suite 200				
City	Charlotte	State	NC	ZIP	28277
Country		Telephone	704-945-6700	Fax	704-945-6735

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Ralph C.		TUTTLE	
Inventor's Signature			Date
Residence: City	Durham	State	NC
Country	US	Citizenship	US
Post Office Address	609 Wellingham Drive		
Post Office Address			
City	Durham	State	NC
ZIP	27713	Country	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



COPY OF PAPERS
ORIGINALLY FILED

Please type a plus sign (+) inside this box -

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-003

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Christopher Sean

PLUNKET

Inventor's
Signature

Date

4/23/02

Residence: City

Apex

State

NC

Country

US

Citizenship

US

Post Office Address

209 West Hill Drive

Post Office Address

City

Apex

State

NC

ZIP

27502

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

David B.

SLATER, JR.

Inventor's
Signature

Date

18 Apr - 2002

Residence: City

Raleigh

State

NC

Country

US

Citizenship

US

Post Office Address

6304 Jarratt Cove

Post Office Address

City

Raleigh

State

NC

ZIP

27613

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Gerald H.

NEGLEY

Inventor's
Signature

Date

6/13/02

Residence: City

Hillsborough

State

NC

Country

US

Citizenship

US

Post Office Address

3512 NC 86 South

Post Office Address

City

Hillsborough

State

NC

ZIP

27278

Country

US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box - ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-003

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE +

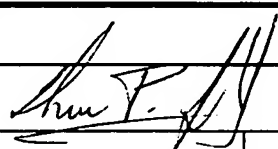
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Thomas P.				SCHNEIDER				
Inventor's Signature					Date		4/1/02	
Residence: City		Apex	State	NC	Country	US	Citizenship	US
Post Office Address		3509 Knightshire Drive						
Post Office Address								
City		Apex	State	NC	ZIP	27502	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

20045766 "070102